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Marsh & McLennan, Incorporated
1940 Fifth Avenue, Suite 200
San Diego, California 92101
Telephone 619 234-0213

April 10, 1985

Iowa Department of Environmental Quality
Hazardous Waste Section
Henry A. Wallace Building
Des Moines, Iowa 50319

ATTN: Mr. Lawrence Crane

EPA ID#: IAD073489288
CERTIFICATE OF INSURANCE - revised

Dear Mr. Crane:

We are enclosing a Certificate of Insurance for the captioned
evidencing coverage as follows:

_____	Comprehensive General Liability (Including Automobile, Completed Operations and Product Liability)
_____	Worker's Compensation
_____	Liability Insurance Excess of Primary
_____	All Physical Loss or Damage of Property (subject to policy conditions)
_____	Automobile Physical Damage (Subject to Deductible)
_____	Automobile Liability
<u> X </u>	Other - Liability for Hazardous Waste Facility

Very truly yours,

Iris Gladney
Iris J. Gladney
Account Manager

IJG/bh
Enclosure

cc: D. Heatherton


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RCRA RECORDS CENTER

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'85 APR 19 AM 9.24
DEPARTMENT OF
WATER, AIR AND WASTE
MANAGEMENT

Iowa Department of Environment Quality
Hazardous Waste Section
Henry A. Wallace Building
Des Moines, Iowa 50319

ATTN: Mr. Lawrence Crane

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. Fidelity & Casualty Co. of New York, (the "Insurer"), of 3250 Wilshire Blvd., Los Angeles, CA hereby certifies that it has issued liability insurance covering bodily injury and property damage to Norplex Division, UOP, Inc., (the "insured"), of Postville, Iowa, in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at EPA Identification Number IAD073489288, Norplex Division, P.O. Box 445, N.E. County Road, Postville, Iowa 52162, for sudden and accidental occurrences. The limits of liability are \$250,000 each occurrence and annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number SRL3634953, effective 4/1/82. The effective date of said policy is 04/01/82.

2. The Insurer further certifies the following with respect to the insurance described Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Don J. Vaughn DATE: April 8, 1985
Don J. Vaughn
Vice President, Authorized Representative for Fidelity & Casualty Company of New York
Marsh & McLennan, Inc.
1940 Fifth Avenue, Suite 200
San Diego, California 92101

ATTN: Mr. Lawrence Crane

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. Transcontinental Insurance Company, (the "Insurer"), of Chicago, Illinois, hereby certifies that it has issued liability insurance covering bodily injury and property damage to Norplex Division, UOP, Inc., (the "Insured"), of Postville, Iowa, in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at EPA Identification Number IAD073489288, Norplex Division, P.O. Box 445, N.E. County Road, Postville, Iowa 52162, for sudden and accidental occurrences. The limits of liability are \$750,000 each occurrence and annual aggregate, excess of \$250,000 each occurrence and annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number RDX1694111 issued on 04/01/85. The effective date of said policy is 04/01/85.

2. The Insurer further certifies the following with respect to the insurance described Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Don J. Vaughn

DATE: April 8, 1985

Don J. Vaughn
Vice President, Authorized Representative for Transcontinental Insurance Company
Marsh & McLennan, Inc.
1940 Fifth Avenue, Suite 200
San Diego, California 92101

Iowa Department of Environmental Quality
Hazardous Waste Section
Henry A. Wallace Building
Des Moines, Iowa 50319

ATTN: Mr.. Lawrence Crane

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. International Insurance Company, (the "Insurer"), of 233 So. Wacker Drive, Chicago, Illinois, hereby certifies that it has issued liability insurance covering bodily injury and property damage to Norplex Division, UOP, Inc., (the "insured"), of Postville, Iowa, c/o L. W. Biegler, in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at EPA Identification Number IAD073489288, Norplex Division, P.O. Box 445, N.E. County Road, Postville, Iowa 52162, for sudden and accidental occurrences. The limits of liability are \$2,000,000 each occurrence and annual aggregate excess of \$1,000,000 each occurrence and annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number 523-254-803-4 issued on 04/01/85. The effective date of said policy is 04/01/85.

2. The Insurer further certifies the following with respect to the insurance described Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Don J. Vaughn

DATE: April 8, 1985

Don J. Vaughn
Vice President, Authorized Representative for International Insurance Company
Marsh & McLennan, Inc.
1940 Fifth Avenue, Suite 200
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